Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/685,812
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Sheet	1	of	1	Attorney Docket Number	AM101156

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	U.S. Patent Document Number (If known)	U.S. Patent Document Kind Code (If Known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1.					

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document Office	Foreign Patent Document Number	Foreign Patent Document Kind Code (If Known)	Name of Patentee or Applicant of Cited document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
	2.							☐

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.	T
	3.	Bill et al. The effects of acute and chronic desipramine on the thermogenic and hypoactivity responses to α2-agonists in reserpinized and normal mice. Br. J. Pharmacol. (1989), 96, 144-152	☐
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Examiner Signature		Date Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.